

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/96929

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	37	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 minus 20 =	17
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	38	Minus	37	= 1
	Independent	0	Minus	5	= ~
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	306.00
X40=		OR	X80=	160.00
+135=		OR	+270=	
TOTAL		OR	TOTAL	1176.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	50
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	50
ADDIT. FEE		OR	ADDIT. FEE	

8-4-05 (Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	38	Minus	38	= /
	Independent	5	Minus	5	= /
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

-1-

**RECEIVED
CENTRAL FAX CENTER****AUG 04 2005
PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Chris A. Barton et al.

Application No. 09/916,929

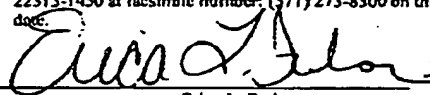
Filed: July 26, 2001

For: ANTI-VIRUS SCANNING CO-PROCESSOR

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)
) Group Art Unit: 2137
)
) Examiner: Schubert, Kevin.
)
) Date: August 4, 2005
)
)**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being facsimile
transmitted to the Commissioner for Patents, Alexandria, VA
22313-1450 at facsimile number: (571) 273-8300 on the above
date.

Signed:



Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action mailed March 22, 2005 and the Advisory Action
mailed July 06, 2005, and in furtherance of Amendment B mailed June 22, 2005,
applicant hereby requests reconsideration of the Examiner's failure to consider the
affidavit and accompanying evidence submitted with Amendment B.

08/12/2005 EWARREN 00000001 501351 09916929

01 FC:1252 450.00 DA